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PTO/SB/22 (12-04) Approved for use through 7/31/2006; OMB 0851-0031

PETITION FOR EXTENSION OF TIME UNDER:				
	n of information unless if displays a valid Off B control num Docket Number (Optional)			
FY 2005 (Fees pursuant to the Consolidated Appropriations Act,	010386	0103864.00100US2		
Application Number 10/784898-Conf.		Filed Fe	ebruary 2	4, 2004
For COMPUTER IMPLEMENTED MEDICAL INT	EGRATED DECISI	ON SUPPORT SYS	TEM	
Art Unit 3623		Examiner	D. S. M. I	Meinecke
This is a request under the provisions of 37 CFR 1.1 dentified application.	36(a) to extend the	period for filing a re	ply in the	above
The requested extension and fee are as follows (che	eck time period des	ired and enter the ap	propriate	fee below)
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	: \$	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	1,020.00
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 (^CD 1 27			****
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is a	ittached.			
	ny fees which may	be required, or credi	it anv ove	rrmyment (
The Director is hereby authorized to charge a Deposit Account Number 08-0219		be required, or credi osed a duplicate cop		
Deposit Account Number 08-0219	I have ende	osed a duplicate cop	y of this s	
I am the applicant/inventor. assignee of record of the entir Statement under 37 CFR 3	re interest. See 37 3.73(b) is enclosed.	osed a duplicate cop CFR 3.71. (Form PTO/SB/96)	y of this s	
I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR attorney or agent of record. R attorney or agent under 37 CFR attorn	re Interest. See 37 3.73(b) is enclosed. Registration Number	CFR 3.71. (Form PTO/SB/96)	y of this s	
I am the applicant/inventor. assignee of record of the entirection of	re Interest. See 37 3.73(b) is enclosed. Registration Number	osed a duplicate cop CFR 3.71. , (Form PTO/SB/96)	y of this s	
Deposit Account Number	re Interest. See 37 3.73(b) is enclosed. Registration Number	CFR 3.71. (Form PTO/SB/96)	y of this s	
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Deposit Account Number 08-0219 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR 3 attorney or agent of record. Resistation number if acting unsignature Irah H. Donner	re Interest. See 37 3.73(b) is enclosed. Registration Number	CFR 3.71. (Form PTO/SB/96) 35,120 May	y of this s	sheet.
Deposit Account Number 08-0219 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR 3 attorney or agent of record. Resistration number if acting unsupport and the statement under 37 CFR 3 attorney or agent under 37 CFR 3 attorney	re Interest. See 37 3.73(b) is enclosed. Registration Number R 1.34.	CFR 3.71. (Form PTO/SB/96) 35,120 May (212) Telepho	y of this s) er:
Deposit Account Number 08-0219 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR attorney or agent of record. Resistation number if acting under 37 CFR attorney or agent under 37 C	re Interest. See 37 3.73(b) is enclosed. Registration Number R 1.34.	CFR 3.71. (Form PTO/SB/96) 35,120 May (212) Telepho	y of this s) er
Deposit Account Number 08-0219 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR 3 attorney or agent of record. Resistration number if acting unsignature I and H. Donner Typed or printed name	re Interest. See 37 3.73(b) is enclosed. tegistration Number FR 1.34. Inder 37 CFR 1.34	CFR 3.71. (Form PTO/SB/96) 35,120 May (212) Telepho	y of this s) er
I am the applicant/inventor. assignee of record of the entir Statement under 37 CFR 3 attorney or agent of record. Registration number if acting unsignature Irah H. Donner Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire than one signature is required, see below.	re Interest. See 37 3.73(b) is enclosed. tegistration Number FR 1.34. Inder 37 CFR 1.34	CFR 3.71. (Form PTO/SB/96) 35,120 May (212) Telepho	y of this s	her.
I am the applicant/inventor. assignee of record of the entir Statement under 37 CFR 3 attorney or agent of record. Resistration number if acting unsignature Irah H. Donner Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire than one signature is required, see below.	re Interest. See 37 3.73(b) is enclosed. tegistration Number FR 1.34. Inder 37 CFR 1.34	CFR 3.71. (Form PTO/SB/96) 35,120 May [(212) Telepho sentative(s) are required. S	y of this s 16, 2006 Date 230-8800 ubmit multipl	e forms if more

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				respond to a collection of Information unless it displays a valid QMB control number Complete if Known					
FEE TRANSMITTAL For FY 2006							,		
			Filing Date		10/784898-Conf. #1032 February 24, 2004				
			First Named Inventor		Thomas BRINKMAN				
				Examiner Name		D. S. M. Meinecke			
Applicant claims small entity status. See 37 CFR 1.27							GUND		
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00						103864.00100US2			
METHOD OF PAY	MENT (check all t								
		Aoney Order	Non	e Other	(please iden	ntifv):			
x Deposit Account	ب ا			L.,	_	er Pickering Ha	ale and Dr	orr LLP	
	-Identified deposit a							<i>/// LL.</i>	
x Charge	fee(s) indicated bel	nw	5w0, 10					1 - 401ta m #a	
I : ==	any additional fee(s		name of	=		dicated below, e.	XCOPT TOD I	he filing te	
fee(s) u	inder 37 CFR 1.16	s) Or underpayir and 1.17	ю тпе	x Credit	any overp	ayments			
FEE CALCULATIO	ON (All the fees I	below are du	e upon	filing or may	be subje	ect to a surch	erge,)		
1. BASIC FILING, SE	ARCH, AND EXAM	INATION FEE	s		<u></u>		M 201,		
		GFEES	SEA	RCH FEES	EXAMIN	NATION FEES		•	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity		Small Entity			
Utility	300	150	200	Fee (\$) 250	Fee (\$) 200	Fee (\$)	F00\$ 1	<u>Paid (\$)</u>	
Design	200	100	100			100			
Plant	200	100		50 150	130	65 80			
Reissue	300	150	300 500	150	160	80		·	
Provisional	200		500	250	600	300			
2. EXCESS CLAIM FE		100	0	0	0	0			
Fee Description	:25							Small Entity	
Each claim over 20 (in	whiding Reissues)						Fee (\$):	Fee (\$)	
Each independent clair		r Reissnes)			•		50	25	
Multiple dependent cla		5 10003000					200	100	
		∞ (€)	Egg Ps	alai (@\	2.0	oleinia Damanda	360	180	
- 2	wouther behandent claims								
HP = highest numer of total	daims paid for, If grea				<u> </u>	<u>9 (9)</u>	ee Paid (\$	1	
		e (\$)	Fee Pa	ild (S)				_	
	×			- (v)					
HP = highest numer of inde	ependent claims paid fo	r, If greater than 3.							
3. APPLICATION SIZE								_	
If the specification an	d drawings exceed	100 sheets of	paper (e	xcluding electro	mically file	ed sequence or o	computer		
usungs under 37 C	JFK 1.52(e)), the ar	oplication size i	fee due i	is \$250 (\$125 fo	r small en	tity) for each ad	ditional 50)	
ZUGERS OF TERCHON F	nereor. See 35 U.S	S.C. 41(a)(1)(G	i) and 37	7 CFR 1.16(s).					
Total Sheets	Extra Sheets			iltional 50 or fract			<u>Fee!P</u>	Pa[d (\$)	
4. OTHER FEE(S)	<u> </u>	50	(n	round up to a whole	e number) x	·	·		
Non-English Specifi	Tantian C130 fee		**				Fees F	Pald (\$)	
Other (e.g. late filin	Canon, 3130 (cc.)	(no sman entry	/ discour	nt)					
Other (e.g., late filin	ig surcharge): 125	3 Extension r	or resp	onse within thii	rd month		1,02	20.00	
SUBMITTED BY	70/								
Signature	NX //a	m		egistration No. Morney/Agent)	35,120	Telephone	(212) 230-8800		
Name (Print/Type) Irah H	ne (Peter/Tippa) Joseph L.I. D.			May 164					
							IVIAY 100	2000	

I hereby certify that this paper (stron with pay paper reformed to as he is not be a
Trademark Office, facsimile no.	along with any paper referred to as being estached or enclosed) is being transmitted by facsimile to the Patent and (571) 273-8300, on the date shown below
Dated: May 16, 2006	Signature: (Irah H. Donner)

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